PROJECT OVERSIGHT REPORT

Comprehensive Assessment Reporting Evaluation (CARE)	**Report as of Date:**
Department of Social and Health Services	**February 2003**

Project Director: Daniel Knutson-Bradac   **Executive Sponsor:** Penny Black
MOSTD Staff: Tom Parma

Description: The purpose of the Comprehensive Assessment Reporting Evaluation (CARE) project is to develop a new system that will enable consistent, accurate, and efficient client assessments and plans for adult Medicaid clients in need of long-term care. The goals of the project are to: ensure correct eligibility determinations are made for corresponding benefits; establish a standard and consistent case management process that will ensure accurate assessments and client care plans; and, provide a formal assessment of risk indicators to reduce liability and protect vulnerable adults. CARE will replace an older Visual Basic and Access-based system developed by the Department of Social and Health Services' (DSHS) Aging and Adult Service Administration (AASA).

AASA has contracted with Deloitte Consulting for the development of the CARE system on a deliverables-based, fixed-price basis for $2.965 million. Deloitte spent five years designing, developing, testing, and implementing a Comprehensive Assessment system for the State of Oregon. Since AASA's business requirements match those of Oregon, the development of CARE will be based upon a transfer of Oregon's design. AASA has contracted with Starling Consulting Inc., for external Quality Assurance.

The phases are:
- Phase I (AASA & Deloitte) – Phase 1 project management plan, technical requirements, business requirements, preliminary design, and Phase II Project management plan.
- Phase II (AASA & Deloitte) – Final design, development, and testing.
- Phase III (AASA only) – System implementation.

Technology: Oregon's system was developed using PowerBuilder, a software technology new to AASA. Therefore, the decision was made to transfer Oregon's design and Deloitte's methodology and knowledge to AASA, but use JAVA and Microsoft SQL Server database technologies to develop the system. Both DSHS and Deloitte have extensive knowledge of these tools.

Life Cycle Stage: Phase II – Final Design, Development, and Testing

Budget: The five-year lifecycle cost for the project is $6.7 million. Of this amount, $2.965 million is allocated to the Deloitte Consulting contract scheduled through June 2003. AASA staff costs for the first year are projected at $1.162 million. As of mid-November, the budgeted and actual Deloitte expenses were $1,557,150.

The original project cost was $2.965 million; the total after contract negotiations was $2.798 million. During the initial design phase, five additional requirements were identified and approved for development during Phase II. The cost was increased $168,000 for a revised total of $2.966 million.

Phase II: Deliverables, Cost, Schedule, and Status

Deliverable	Payment Schedule	Delivery Schedule	Status
Task 1: Project Management	**July 22, 2002 – March 31, 2003**		
Phase II Project Management Plan	$97,300	Aug 16, '02	Completed on time
Task 2: Design CARE	**July 22, 2002 – September 27, 2002**		
Data Model Definitions Document	$373,800	Sept 13, '02	Completed on time
Technical Design Document	$373,800	Sept 27, '02	Completed On time
Task 3: Develop CARE	**September 2, 2002 – January 3, 2003**		
Unit Tested Washington CA/P Software Components	$514,200	Nov 15, '02	Completed on time
Completed Program Specifications	$409,200	Nov 29, '02	Completed on time
Task 4: Conduct CARE Testing	**October 7, 2002 – February 28, 2003**		
Washington CA/PS Test Plan	$303,800	Oct 18, '02	Completed on time
System Tested Washington CA/P Software Components	$334,600	Jan 3, '03	Completed on time
User Acceptance Tested Washington CA/P Software Components	$139,200	Feb 28, '03	Started on time
Task 5: Plan for Pilot & Implementation	**September 23, 2002 – December 13, 2002**		
Pilot and Implementation Plan	$39,900	Dec 13, '02	Completed on time
Subtotal (Phase II):	**$2,585,800**		

Status: The project is currently on schedule and on budget. This is a fixed price contract.

To date 100% of the planned Design and Development work (tasks 2 and 3) has been completed using 96% of the planned effort. System testing as well as the Pilot and Implementation Plan are complete. Although not a planned deliverable, Deloitte is also developing a transition plan to identify skills, resources, and timelines necessary to transition the system to AASA. AASA did not contract with Deloitte to implement the system. Implementation is the responsibility of AASA.

Issues: The contract with Deloitte Consulting ends March 31, 2003 after user acceptance, per the project plan. The following issues pertain to Phase III – System Implementation and Statewide Rollout, which is the sole responsibility of AASA:

- Implementation plan: although Deloitte has delivered a pilot and implementation plan as required, AASA has limited experience rolling out system of this magnitude and complexity. The plan calls for two regions to be implemented at a time until all are operational. The implementation plan should contain a contingency for switching to a less aggressive implementation approach if AASA encounters significant problems. It should also include the criteria by which the decision will be made to switch to this alternate approach as well as the criteria for switching back to the original schedule.

- Ongoing support: the 11-member development team is comprised of Deloitte and AASA personnel working in concert and ensuring skills transfer. After the contract with Deloitte expires, AASA will be totally responsible for the ongoing support, maintenance, and enhancement of the CARE system. Three AASA staff members are slated to handle these support activities. AASA has contracted with the initial chief architect of the CARE system to provide two weeks of JAVA training In February and March to 12 AASA programmers. Deloitte Consulting will also provide three days of hands on knowledge transfer training for the FRAMEWORK development tool. The combined training is aimed at giving all AASA programmers the ability to work with, support, and expand CARE to meet future needs. There is currently no provision or budget for drawing upon Deloitte personnel if technical assistance is needed past the end of the contract. AASA should include in its contingency plans details for how it might secure additional Deloitte Consulting technical support if it is required.

Recommendation: This continues to be a well-managed project. ISB staff recommends that AASA review and modify its current contingency plan to address the issues identified above.